

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -1 AM 8:13

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO5000133662**

1. Corporation Name

ACM1GLOBAL CORP INC

200102930802
05/21/07--01014--004 **150.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

801 Brickell Ave

3. Mailing Office Address

801 Brickell Ave

Suite, Apt. #, etc.

9th Floor

Suite, Apt. #, etc.

9th Floor

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09-29-2005

5. FEI Number

14-1971445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VIVIAN CARTY MAURTUA

Street Address (P.O. Box Number is Not Acceptable)

801 BRICKELL AVE

Suite, Apt. #, Etc.

9TH FLOOR

City

MIAMI

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Vivian J. Maurtua
REGISTERED AGENT MUST SIGN

Date **04-23-07**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Vivian Carty Maurtua	801 Brickell Ave, 9th Floor	Miami, Florida 33131
V	Hernan P. Leppe	801 Brickell Ave, 9th Floor	Miami, Florida 33131
S	Jaime A. Maurtua	801 Brickell Ave, 9th Floor	Miami, Florida 33131

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Vivian J. Maurtua **VIVIAN CARTY MAURTUA** (305)
CHAIR, CEO PRESIDENT 04-23-07 350-5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #